

2013 Legislation of Interest

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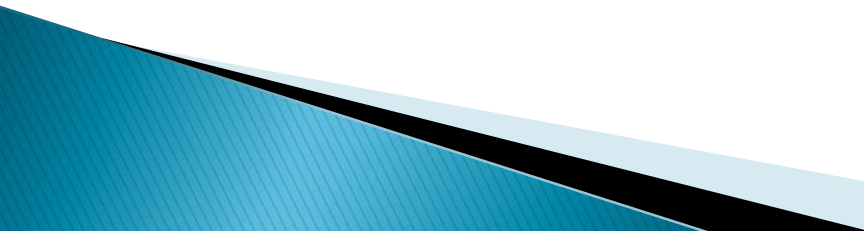
February 21, 2013



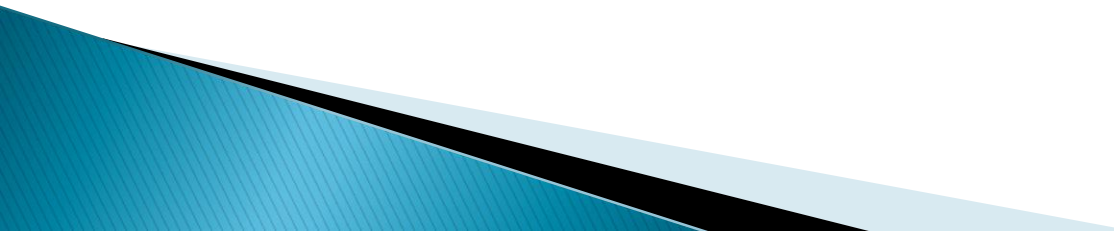
Agenda

- ▶ Review of 2013 Legislation
- ▶ Commission Approach To Expanding Telemedicine

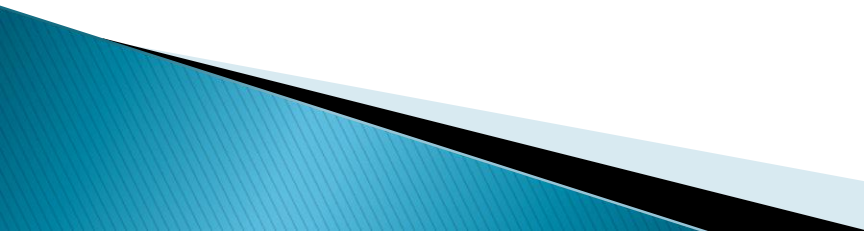
Legislation MHCC is Monitoring

- ▶ HB 59– Dedicated State Funds Protection Act
 - ▶ HB 228/SB 274– Maryland Health Progress Act of 2013
 - ▶ HB 287/SB 386– Study of Paratransit Services for Dialysis Patients
 - ▶ HB 536/SB738– Magnetic Resonance Imaging Services– Study
 - ▶ HB 581– Hospitals– Establishment of Palliative Care Programs
 - ▶ HB 1265 – Patient Safety Early Intervention Programs
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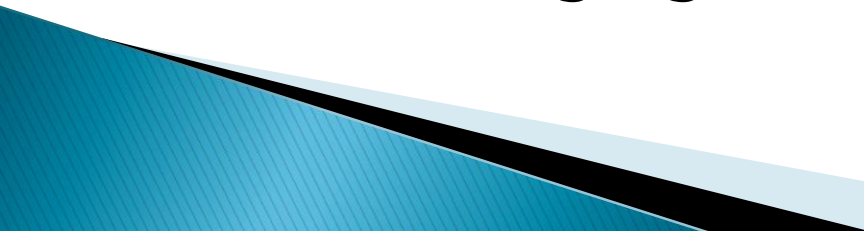
Legislation MHCC is Monitoring

- ▶ HB 915 / SB 790– DHMH Advanced Directive Registry– Fee and Date of Operation
 - ▶ HB 1062 / SB 195– Hospitals– Notice to Patients– Outpatient Status and Billing Implications
 - ▶ HB 1116 / SB 509– Cosmetic Surgery– Regulation
 - ▶ HB 1120– Upper Shore Community Mental Health Center– Reopening and Maintenance
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Legislating MHCC is Monitoring

- ▶ SB 769– Health Benefit Plans– Proposed Rate Increases– Notice of Insured
 - ▶ SB 972– Upper Shore Community Mental Health Center– Reopening and Maintenance
 - ▶ SB 975– Maryland Health Care Commission– Certificate of Need Review– Interested Party
 - ▶ SB 977– Task Force to Evaluate Regional Health Delivery and Health Planning in Rural Areas
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Health Information Technology Related Legislation

- ▶ HB 931 / SB 496– MD Medical Assistance Program– Telemedicine
 - ▶ HB 934 / SB 776– Task Force on the use of Telehealth to Improve MD Health Care
 - ▶ HB 937 / SB 494– Commission on MD Cybersecurity Innovation and Excellence– Telemedicine Disparities Study
 - ▶ HB 942 / SB 624– Identity Fraud– Medical Records
 - ▶ HB 1042 / SB 798– Hospitals– Credentialing and Privileging Process– Telemedicine
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Policy Framework for Telemedicine

- ▶ What has been accomplished
 - Quality and Cost Council (2010–2011)
 - Clinical
 - Technology
 - Payment
 - 2012 – Key legislation
 - HB 1149/ SB 781 Coverage for Services Delivered through Telemedicine
 - December 2013 – Medicaid report

Status

- ▶ Use level for telemedicine as measured by paid claims are low for private carriers and Medicare
- ▶ Clinical Challenges
 - Credentialing
 - Weak criteria for assessing appropriate use
 - Integration into practice workflow
- ▶ Technology challenges
 - The adoption of telemedicine is somewhat sparse, with fragmented networks
 - Telemedicine networks are not readily capable of communicating with other networks or electronic health record systems

Incrementally build on what has already been done

- ▶ Payment issues not fully resolved, today mostly covered via FFS
 - Current approaches pegging to face-to-face visits -- apply efficiency constraints can cost no more
 - Some services allow for telemedicine with no additional reimbursement, hinders adoption
 - Need to better understand cost -- re-estimate physician, practice, and liability costs
 - Longer term telemedicine will need to be integrated into new value-based payment paradigms
- ▶ Clinical hurdles
 - How is TM integrated at the distance and originating sites
 - Among clinicians who should perform
 - Is special training needed
 - Standardization of service

Next Steps

- ▶ Work with sponsors of HB 934/ SB 776– Task Force on the use of Telehealth to Improve MD Health Care
 - Continue Workgroups formed by the Quality and Cost Council (Technology, Financial, Clinical)
 - Report back to the General Assembly at the end of 2014
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